



Notice of Intent (NOI) for Stormwater Discharges from
Large and Small Construction Activities,
NPDES General Permit SCR100000

For official use only

File number: 10-08-0213A

Permit number: SCR10 I439

Submittal package complete: 3/25/08

Public Notice Start Date (OCRM only): _____

For official use only

RECEIVED

MAR 25 2008

DHEC-OCRM
CHARLESTON OFFICE

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 5.

Date: 01/30/2008

Project/ Site Name: Greenwood Street Sewer Extension

County: Charleston

Do you want this project to be considered for the Expedited Review Program (ERP)? ☐ Yes ☒ No (See instructions.)
If yes, is the design of this project above regulatory requirements or Low Impact Development? ☐ Yes ☐ No

I. Project Information

Project Owner/ Operator (Company or person): North Charleston Sewer District

Company EIN: [redacted]

Phone: 843-764-3072

Fax: 843-764-2655

Mailing Address: P.O. Box 63009

City: North Charleston

State: SC

Zip: 29419

Permit Contact (if owner is company): Jarred Jones

Phone: 843-764-3072

Mailing Address: P.O. Box 63009

City: North Charleston

State: SC

Zip: 29419

Email address (optional): eng@ncsd-sc.com

II. Property Information

A. Site Location (street address, nearest intersection, etc.): Greenwood Street and West Smith Street, Lincolnville, SC

City/ Town (if in limits): Lincolnville, SC

Latitude: 33° 0' 25" N Longitude: -80° 9' 34" W

Tax map # (list all): Road R/W

B. Property Owner: Town of Lincolnville

Phone: 843-873-3261

Mailing Address: P.O. Box 536

City: Lincolnville

State: SC

Zip: 29485

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): 1.5 acres Total area: 1.5 acres

B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☐ Yes ☒ No

LCP/ Overall Development Name: Greenwood Street Sewer Extension

Check here if this is the first phase. ☐

Previous state permit/ file number: 10-08-0213

Previous NPDES coverage number: SCR10 [redacted]

C. Start Date (MM/DD/YYYY): 05/19/2008

Completion Date: 08/18/2008

D. Is this site located on Indian Lands? ☐ Yes ☒ No

If yes, name of reservation: _____

E. Type of Activity (check one):

☐ Institutional

☐ Residential: Single-family

☐ Commercial

☐ Industrial

☒ Linear

☐ Residential: Multi-family

☐ Multi-use (Commercial & Residential)

☐ Other: _____

☐ Site Preparation (No new impervious)

F. Are there any flooding problems downstream of or adjacent to this site? ☐ Yes ☒ No

G. Has S.C. DHEC issued a Notice to Comply or Notice of Violation for this site or LCP? ☐ Yes ☒ No

H. Is any part of the property located inside an MS4 or urbanized area? ☒ Yes ☐ No

If yes, list the MS4 operator or urbanized area name, Charleston County

I. List all state and federal environmental permits or approvals applied for or obtained for this site (e.g., RCRA). _____

IV. Waterbody Information

A. Nearest receiving waterbody(s) [RWB]: Sawmill Branch Creek

Distance to nearest RWB (feet): 3,170

Classification of nearest RWB: Fresh Water

Next/Nearest named RWB: Chandler Bridge Creek

B. 1. Waters of the U.S./ State	On the site?	Delineated/ Identified?	Impacts?	Amount of impacts
a. Jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac
b. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>0.240</u> Ac
c. Other Water(s) List: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac _____ Feet

2. If yes for impacts in B. 1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact.
The USACE determined that the wetlands located onsite are not jurisdictional. The associated paperwork is attached.

C. Impaired Waterbodies (See instructions.)

List the nearest DHEC water quality monitoring station(s) [WQMS(s)] to which construction stormwater (SW) discharges will drain and the corresponding waterbody(s). CSTL-102 Waterbody(s): Sawmill Branch Creek

1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? ☒ Yes ☐ No
- a. If yes for 1, list the impairment(s). Fecal Coliform Bacteria (FC)
- b. If yes for 1, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☒ No
- c. If yes for b, list the impairment(s) affected by the pollutant(s) referenced in b. _____
- d. If yes for b, will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in c? ☐ Yes ☐ No
2. Has a TMDL(s) been developed for this WQMS(s)? ☐ Yes ☒ No
- a. If yes for 2, list the impairment(s). _____
- b. If yes for 2, has the standard been attained for all impairment(s)? ☐ Yes ☐ No
- c. If no for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☐ No
- d. If yes for c, are your discharges consistent with the assumptions and requirements of the TMDL(s)? ☐ Yes ☐ No

D. 1. Are S.C. Navigable Waters (SCNW) on the site? ☐ Yes ☒ No

- a. If yes for 1, list the name of the SCNW: _____
- b. If yes for 1, will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☐ No
- c. If yes for b, then describe activities. _____
- d. If yes for b, are the activities in SCNW covered under a DHEC General Permit or other DHEC permit? ☐ Yes ☐ No
- e. If no for d, has an SCNW permit been applied for or issued for the site? ☐ Yes, for all activities ☐ Yes, for some activities ☐ No
- f. If yes for d or e, list permit number(s) and corresponding activities. _____

V. Operator Information

- A. SWPPP Preparer: James K. Johnson, PE S.C. Registration #: 15253
Company/ Firm: North Charleston Sewer District S.C. COA #: _____
Mailing Address: P.O. Box 63009 City: North Charleston State: SC Zip: 29419
Phone: (Day) 843-764-3072 (Mobile) 843-200-3862 (Fax) 843-764-2655
Email address (optional): sys@ncsd-sc.com
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Jarred Jones
Mailing Address: P.O. Box 63009 City: North Charleston State: SC Zip: 29419
Phone: 843-764-3072 Fax: 843-764-2655
Site Contact (if ODSA is company): _____ Phone: _____

VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!

- A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.)
Check one. ☒ Engineer ☐ Tier B Surveyor ☐ Landscape Architect

James K. Johnson, PE
Printed name of SWPPP Preparer

James K. Johnson
Signature of SWPPP Preparer

15253
S.C. Registration #

- B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the S.C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

James K. Johnson
Printed name of Project Owner/Operator

James K. Johnson
Signature of Project Owner/Operator

3/24/08
Date

WEST HAMILTON STREET

SDR-26

MH A-4

WETLAND AREA 1 HATCHED
TOTAL IMPACTS = 0.15 ACRE

GREENWOOD STREET
SDR-26
8' PVC

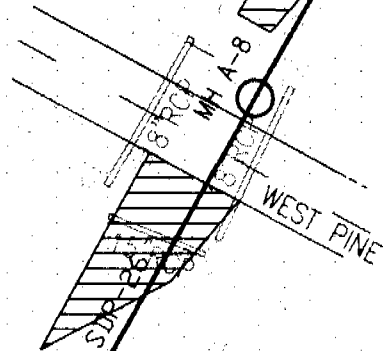
0.36%
8'

049

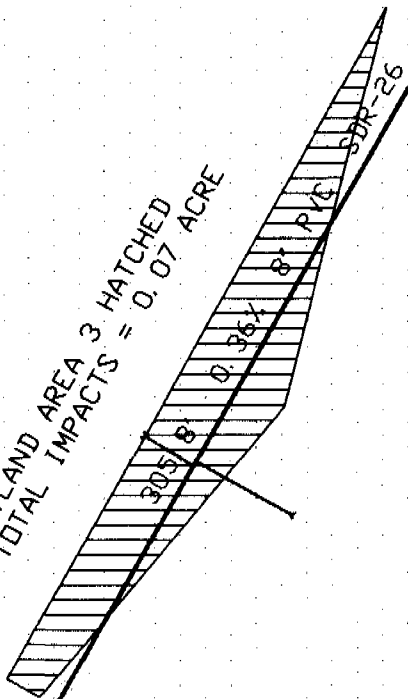
MH A-5

WETLAND AREA 2 HATCHED
TOTAL IMPACTS = 0.02 ACRE

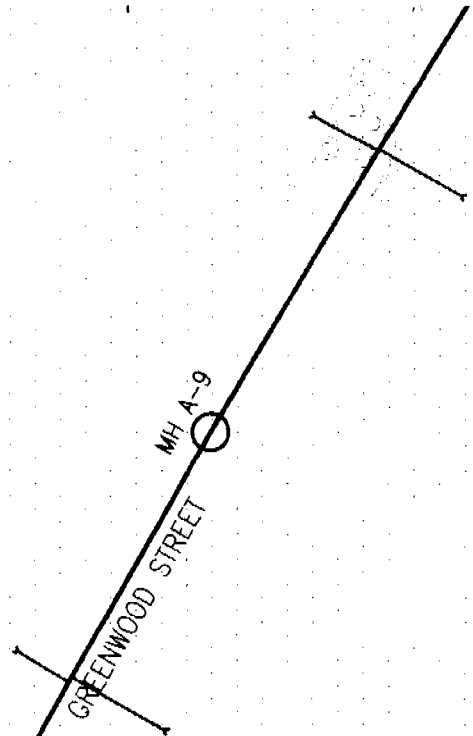
0.33% 8" PVC



WETLAND AREA 3 HATCHED
TOTAL IMPACTS = 0.07 ACRE



GREENWOOD STREET
MH A-9



Quad Name Summerville Efs #

Project Name Greenwood Street Sewer Improvements

Staff Initial CK Project Type Linear

TWS# Kind Pt of Way

File Edit Tools Objects Query Table Options Map Window Help



Project Area
Wetlands

Greenwood Street
Project Boundary

Lincolntonville

Project Considered: 1 Greenwood Street - 2.08 Acres (total)
Isolated Non-Jurisdictional Wetlands (Project Considered):
Wetland A = 0.07 acres
Wetland B = 0.02 acres
Wetland C = 0.15 acres

00.155009, 33.105009

Editing: Cosmetic Layer

Selecting: None

North Charleston Sewer District NCSD Sewer Row - Lincolntonville

January 28, 2007